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CONFIRMATION NO. 3427

SERIAL NUME					CLASS	GROUP ART U		UNIT	T ATTORNEY DOCKET		
10/766,614	14 DATI 01/28/2			435		1797		525400-332			
	RULE										
Sheldon D Daniel Mai	A. Shir lean, Ja rtins, F i DATA claims PLICA D, FOR	benefit of 60 TIONS ******)/443,243 ******	01/28	*	ALL E	NTITY **				
Foreign Priority claimed 35 USC 119(a-d) condi- Verified and /E M	1	HL	Met af Allowa	ter ince	STATE OR COUNTRY		HEETS AWINGS	TOT CLAI	MS	INDEPENDENT CLAIMS 8	
SUITE 150 50 SOUTH	TUAL 00 H SIXTI OLIS, I	PROPERTY H STREET MN 55402-14		MENT							
TITLE											
Tissue pat	hogen	inactivation/r	emoval pr	ocess							
RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:						□ All Fees □ 1.16 Fees (Filing) □ 1.7 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other □ Credit				